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ABSTRACT

Five objectives were outlined: to list inactive nurses who are interested in returning to active employment; to determine why they are inactive; to assist them to return to active status; to promote communication between organizations to coordinate efforts; and to review and make recommendations regarding existing refresher courses. A review of the literature offered many suggestions for meeting the demand for nurses. The study was conducted by mailing a one-page questionnaire to nurses tentatively identified as inactive and living in Missouri. Based on the 65.1% response, it was learned that most of the respondents were married females with children, 20-49 years of age, had been inactive less than eight years, and usually list family responsibility as reason for their inactive status. The primary factor influencing their return to nursing was convenient hours of employment, whether or not the nurses had children. Refresher courses were a secondary consideration. (One appendix includes the cover letter and questionnaire; a second appendix provides the tables of statistical information, and a three-page bibliography completes the report.) (AG)

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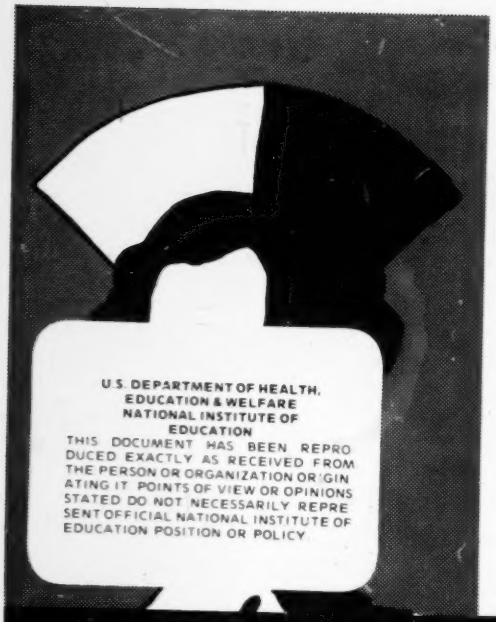

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INACTIVE NURSES

A MISSOURI STUDY

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INACTIVE REGISTERED NURSES

A Missouri Study

Report of a study performed pursuant to
Contract No. PH 108-67-242 with the
U. S. Public Health Service

Missouri Division of Health

June, 1968

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The Nurse Coordinator wishes to express her thanks to all those instrumental in planning and conducting this study. Many individuals, agencies, and organizations assisted in the identification of inactive nurses, including: Missouri State Board of Nursing, Missouri Nurses' Association, Missouri Hospital Association, University of Missouri Extension Division, county health departments, local chapters of the American Red Cross, school of nursing alumnae associations, nurse coordinators from other states, and other individuals too numerous to mention.

Mr. Tom Righthouse, Director, Bureau of Statistical Services, Missouri Division of Health, gave continued and willing guidance in the development of a questionnaire, editing and coding procedures, and final survey tabulations.

Special thanks is given to Dr. L. M. Garner, Acting Director, The Missouri Division of Health. Miss Helen Pfaff, Director, Bureau of Public Health Nursing, gave able and ready leadership as Director of the project under which the study was completed. Mrs. Clara Books and Mrs. Jean Sencibaugh, Nursing Consultants, gave valuable assistance as advisors to the Nurse Coordinator. The Bureau of Health Education Services created the cover for publication and assisted with graphic interpretation of data.

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Sandra Burke, R.N.
Nurse Coordinator

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CHAPTER I

INTRODUCTION

Indications of the Problem

In recent years much has been written on the "critical shortage of nurses" and how this shortage might be alleviated. An historical review of this problem is presented here to focus on the dimensions of the demand for nurses today, and in particular, the effort to fill the demand through recruitment of inactive nurses.

In 1961, widespread recognition of major problems confronting the nursing profession led to the appointment of The Consultant Group on Nursing. This Group was appointed by the Surgeon General of the Public Health Service to advise him on nursing needs, and to identify the appropriate role of the Federal Government in assuring adequate nursing services for our nation.[1] The report of this Group, Toward Quality in Nursing, Needs and Goals, has been quoted repeatedly and efforts have been made to effect its recommendations. It has become a reference for additional studies on the complex nursing problem and its solution.

The Surgeon General's Consultant Group suggested that one means of increasing the supply of nurses was to attract inactive nurses back to practice through incentives such as: refresher courses, expansion

of home care programs to offer new job opportunities nearby, convenient work hours, flexible personnel policies, and economic incentives.[2]

Although some attempts had been made to recruit inactive nurses previously, new impetus was given to this effort by the passage of the Manpower Development Training Act. An amendment to this act provided legislative authority to conduct refresher courses for inactive nurses under federal funding. By 1965, 2,839 R.N.'s had been enrolled in such refresher courses.[3]

In 1966, President Johnson issued a statement about the urgent need for more trained health personnel, requesting that governmental agencies cooperate with professional associations, focusing on training and re-training programs to alleviate shortages. Guidelines for the development and conduct of refresher courses were distributed.

In 1967, the American Nurses' Association was granted $50,000 to conduct a demonstration project promoting the development of refresher courses for professional nurses. Later that year, the Division of Nursing, Bureau of Health Manpower, USPHS, awarded a contract to ANA for $99,800 in support of the national program to return inactive nurses to nursing practice.

The Division of Nursing, Bureau of Health Manpower, USPHS, also negotiated contracts with 45 states and the District of Columbia, providing funds for a state Nurse Coordinator, secretary, and administrative costs for a project, To Implement a Plan to Assist in the Return of Inactive Health Professionals to Active Employment.

The contractor for this project in Missouri was the Missouri Division of Health with Miss Helen Pfaff, Director, Bureau of Public

Health Nursing, serving as Project Director. The contract became effective June 30, 1967 and expires June 29, 1968. Funds made available through the contract enabled this study to be undertaken.

Objectives of the Study

After a survey of activities already being carried out in Missouri, objectives were established for the project as a whole. They were as follows:

Objective I. To develop a list of inactive health professionals who are interested in returning to active employment.

Objective II. To promote communication between agencies and organizations so efforts may be coordinated more effectively.

Objective III. To determine and define some reasons for the inactive status of health professionals.

Objective IV. To review and make recommendations regarding existing refresher courses in relation to the location of interested inactive professionals and location of employment opportunities.

Objective V. To assist in the return of interested inactive health professionals to active employment.

A questionnaire survey of inactive nurses was undertaken in relation to Objectives I, III, and IV. The purpose of this survey was to obtain objective and subjective data. Specific questions to be answered through questionnaire returns included such things as:

What are the personal characteristics of the inactive nurse?

What factors influenced her decision to become inactive?

How long has she been inactive?

Is she interested in returning to nursing practice now or at a future date?

What factors might encourage her to return?

What kind of employment does she prefer?

Would she like to take a refresher course before returning to employment?

Answers to the above questions are important if inactive nurses are to be considered as a potential source of supply in alleviating the nursing shortage. We can then answer the following:

Are we realistic in assuming that these inactive nurses will return to nursing?

What incentives do these nurses feel are most important to them?

What priorities should be set in Missouri:

Do we need additional refresher courses?

Should personnel policies be reviewed?

Are salaries attractive enough?

Limitations of Study

This study was limited to nurses tentatively identified as inactive and living in Missouri.

It is recognized that a completely accurate listing of inactive nurses living within the state was not available and could not be developed. Some factors limiting the accuracy of such a listing included: mobility of the population, failure to maintain licensure, misunderstanding about activity status to be maintained on annual re-registration, non-membership in professional organizations, failure to report change of address, lack of identification with profession, out-datedness of listings by the time

they were available, informal collection of names (accuracy and completeness could not be assured), and reluctance to disclose names and addresses. It was especially difficult to obtain information in metropolitan areas.

The questionnaire included only essential items and was limited to one page, to promote its completion and return. Only a limited number of variables were included.

Information relating to the family situation with regard to income, health, employment, housing, education, etc., was not requested. Community attitudes and opportunities were not explored.

Questions were pre-tested and reviewed carefully to insure clarity and conciseness. Uniform interpretation of these questions by inactive nurses, however, could not be assured. Possible differences in interpretation will be mentioned as data is summarized later in the report.

Answers given and comments made by inactive nurses are reported here as expressed in the questionnaire. No attempt has been made to prove or disprove the situation as perceived by these nurses. This approach is based on the assumption that one's perception of a situation is more important in determining his behavior than what is actually happening.

Definition of Terms Used

To assist in uniform interpretation of data, a sorting, coding, and editing procedural guide was developed. This guide gave specific directions for interpretation of words used in the questionnaire, and responses given by those returning the questionnaire.

"Inactive nurse" refers to a registered nurse who is either not employed or employed other than nursing. One who is "employed in nursing" may be working either part-time or full-time, on a private duty registry, or working as a graduate student in nursing.

Other terms used are self-explanatory.

CHAPTER II

REVIEW OF PERTINENT LITERATURE

Nursepower Shortage

Current literature has much to say about health personnel shortages, and the shortage of nurses in particular. Estimates have been made and projected regarding both the supply and demand for registered nurses. This report will use the term "demand" rather than "need." "Need, as contrasted to demand, can be defined in many ways, and projections of needed personnel will vary with each definition and method of computation. Qualitative as well as quantitative concepts are involved in any philosophy of health care, affecting the use of such terms as adequate and optimum."[4] "Demand" will here be considered in terms of unfilled budgeted positions.

In 1966 the Bureau of Health Manpower and the American Hospital Association conducted a survey of personnel in hospitals and additional demand for personnel. This survey reported a total of 5,500 registered nurses employed in Missouri hospitals, with a demand for 1,326 additional nurses. The estimate for all Missouri hospitals showed a present staff of 7,277 with 1,688 additional nurses in demand.[5]

A 1967 survey of hospitals, nursing homes, public health agencies,

and schools of nursing in Missouri, reported a total of 1,619 unfilled budgeted positions for registered nurses.[6]

There are many indications that the quantitative and qualitative need for nurses will continue to grow. The growth in the population of the United States will require an increased number of nurses. The changes in characteristics of this population--more infants and more aged people--also augments the need for nurses. Other factors are: the increased utilization of health services among all age groups; the increased educational and economic level of the population along with increased coverage by voluntary insurance and governmental insurance programs.

Changes in medical practice, a growing number and variety of health care facilities, and increased responsibilities of the professional nurse are part of the picture also.

Some Answers to the Nurse Shortage

Many suggestions and recommendations have been offered for solving or alleviating the problems of the nurse shortage.

The Surgeon General's Consultant Group on Nursing made recommendations in the following areas: study of nursing education; stimulation of recruitment to schools of nursing; assistance to schools of nursing to expand and improve the quality of educational programs; assistance to professional nurses for advanced training; assistance to hospitals and health agencies to improve the utilization and training of nursing personnel; and increased support for research.[7]

President Johnson said, "If we are to meet our future needs and raise the health of the nation, we must--improve utilization of available professional health personnel; expand the use and training of technicians and ancillary health workers through special schools and under the Vocational Education Act and Manpower Development and Training programs; expand and improve training programs for professional and for supporting health personnel; plan ahead to meet requirements for which the lead-time is often ten years or more."[8]

An article in the July 1967 issue of Redbook Magazine suggested that ways of alleviating the nursing shortage would be: promotion of associate degree programs, higher salaries, improved working conditions, attracting minority groups into the profession, attracting men into the profession, luring back the inactive nurse, and using the nurses we have more efficiently.[9]

Others have written that the turnover in nursing service personnel must be decreased to minimize the drain on trained personnel now employed. In one study, the calculable cost of replacing a nurse was reported as $420.18. This figure did not include the cost of communications, record-keeping, overhead, and patient care.[10]

One study indicated that turnover among nursing personnel is nearly 60% per year. For staff nurses the rate is even higher--67%. Turnover among female teachers in public schools is only 18%.[11]

Another study reported that 38.7% of nurses terminating employment clearly shift to other employment.[12] The author suggested that competitive attraction of other employment needs to be met. It was suggested

that promotional opportunities, intrinsic job satisfactions, genuine responsibility, and a measure of prestige would "help each hospital bid against the others."

Recruitment of the Inactive Nurse

"A hidden reservoir of nursepower may be in your community; it could be the solution to the problem of nurse shortage."[13] This is a statement in the May 29, 1967 issue of the Journal of the American Medical Association. It seems rather optimistic and unrealistic to assume that inactive nurses are the answer to the nurse shortage, however, there is some evidence to support the belief that this group can provide a great asset to the nursing profession.

In an article entitled "Inactivitis,"[14] it is suggested that in recent years, the growth in supply of nurses has resulted more from the return of inactive nurses than from an increased number of graduates. There are indications that nurses are leaving the profession earlier, having a family, and then returning earlier. In the 1967 edition of Facts About Nursing it is stated: "It appears that a substantial part of the numerical increase in nurse supply, particularly the part-time complement, can be attributed to the return of the inactive nurse."[15]

Women's role in today's society is rapidly changing. Their contribution to the labor force is gradually being accepted as valuable and essential to the economy.

In 1961, the late President John F. Kennedy established a Commission on the Status of Women, with Mrs. Eleanor Roosevelt as its head. He said, ". . . we have by no means done enough to strengthen family life and at the same time encourage women to make their full contribution as citizens . . . It is appropriate at this time . . . to review recent accomplishments, and to acknowledge frankly the further steps that must be taken."[16]

Women today have a much different role than 20 years ago. More and more married women are returning to the labor force. "In 1940, married women made up less than a third of the female work force; by 1950, their [illegible] had reached half, and by 1962, exceeded half of all women workers."[17] Current forecasts indicate that an increasing percentage of the total labor force will be women. By 1970, a 31 percent increase in the number of women in the labor force is projected, as compared with a 17 percent increase for men.[18] It has been estimated that the number of women past 45 in the labor force will increase by 30 percent in the next decade.[19] "With the lengthening life spans and the growing tendency of the mature woman to return to the labor market, women constitute a significant potential for health personnel beyond the 1,800,000 now employed in health services. . ."[20]

The President's Commission on the Status of Women states: "If professional organizations treated members who are not in active practice as active reservists rather than as former professionals, young mothers who have been trained in a field might be encouraged to maintain a commitment to their professions."[21]

If inactive nurses are a potential reservoir, how can this reservoir be tapped most effectively? Several studies have been completed recently in an attempt to answer this question. The Fairview Hospitals of Minneapolis conducted a survey asking the question, "What actions should a hospital take to attract R.N.'s not now employed in the hospital setting?" Of those responding, 40.7% were interested in part-time work under certain conditions, and 32.2% were not interested in working. Personal characteristics (age, marital status, number of children) differed little between these groups. Many nurses expressed role conflict between homemaking and professional nursing, needing the following conditions for part-time work: flexible hours, provision for child care, and work during school hours. Reasons for wanting to return to nursing included: desire to keep current in nursing, personal fulfillment, desire to alleviate nursing shortage, financial gain, and a change in daily routine.[22]

A survey in Virginia showed the main reasons for professional inactivity as: young children at home, insecurity in relation to new treatments and procedures, low salaries, and lack of fringe benefits. Factors motivating a return to nursing were: improved salary, adequate refresher course, children in school, selected working hours, financial need, and improved relationships between full-time and part-time staff.[23]

The 1967 edition of Facts About Nursing reported that 84.7% of those R.N.'s not employed in nursing are married. Therefore, it seems

safe to assume that incentives to attract inactive nurses must be directed toward homemakers who have family responsibilities as a primary concern.

Refresher Courses as a Means of Recruitment

Many articles have been written on the conduct and success of refresher courses in returning nurses to active employment in nursing.

In Chicago, a follow-up study of those enrolled in refresher courses between 1957 and 1961 showed that 77% of the 453 nurses completing a course had worked since this completion. More than half were currently employed. The chief reasons given for not working were: "husband doesn't want me to work," "health," "can't make suitable arrangements for children," "employers don't need me for hours I am available," and "caring for sick or aged relatives."[24]

Oklahoma began a statewide program of refresher courses in 1961. In the January 1967 issue of Nursing Outlook, they reported that out of 227 inactive nurses completing a refresher course, 166 (73.1%) had returned to work full or part-time. Those who took a refresher course were compared with a random sample of inactive nurses (of which 49% returned to work). Both groups reported the same reasons for inactivity: family responsibilities, professional disillusionment, inadequate salaries, and unsuitable hours. Refresher courses were stated to be helpful because the nurses were brought up to date on new medicines, treatments, and procedures; self-confidence was restored; the course provided association with other nurses and provided an incentive to

return to nursing. It was stressed that the nurse must be shown how much she is needed.[25]

In New Jersey, refresher programs were begun in 1965 by the Hospital Research and Educational Trust of the New Jersey Hospital Association and funded under the Manpower Development and Training Act. Sixty-four hospitals have offered the program and unanimously endorse it as an effective means of recruiting inactive nurses. Of the 680 nurses completing the program, 427 (63%) have returned to nursing.[26]

Recently, the AMA passed a resolution that medical societies give attention to ". . . the need for appropriate utilization of retired physicians and inactive nurses"; Surgeon General William H. Stewart stated that if 10% of the currently inactive registered nurses could be encouraged to return to practice in 1967, this would solve in part the critical nurse shortage. In response to these actions, the AMA Committee on Nursing prepared a report entitled "285,000 Inactive Registered Nurses Could Turn the Tide." In this report, ways of planning and implementing refresher courses are outlined under four major headings: 1.) plan on a continuing and long-time basis, 2.) plan on a coordinated and community wide basis, e.) plan an educationally sound refresher course, and 4.) plan for periodic evaluation of the refresher program.[27]

Indications of Need for Further Study

In view of the literature reviewed, the nurse coordinator felt that specific information was needed on inactive nurses in Missouri, in order

to plan realistically to meet manpower needs. It was also felt that this information should come from the inactive nurses themselves, so those involved in recruiting would have first-hand information in relation to what methods might be most effective. It was anticipated that responses from inactive nurses would serve as a basis for recommendations of action to be taken to assist recruitment efforts by employers, those planning refresher courses, and those in nursing education.

CHAPTER III

DESIGN OF THE STUDY

Procedures Used

The data-gathering device chosen for this study was the questionnaire, an inquiry form administered by mail. Both open and closed-form questions were included; however, the majority were closed-form to facilitate uniform coding and enable statistical analysis by computer. The questionnaire included only essential items and was limited to one page in length. A cover letter explaining the purpose of the study and a return self-addressed stamped envelope were sent with the questionnaire. It was hoped that the letter would motivate a response and the stamped envelope would facilitate the return of the questionnaire.

After consultation with the Director of Statistical Services, Missouri Division of Health, it was decided that the entire population of inactive R.N.'s identified would be sent questionnaires, rather than a sampling of the group. Therefore, statistical measurements of reliability do not apply with the exception of variance in responses within the population of inactive R.N.'s.

It should be pointed out that there is a possibility of bias in interpretation of questionnaire returns. Information, if obtained from nonrespondents and/or unidentified inactive nurses, may have changed

the data somewhat. The very fact of no response might imply a lack of interest in nursing or a feeling of complete detachment from the field of nursing; actively employed nurses may have received questionnaires and felt that a response was not necessary. In addition, some nurses may have moved from the state and felt that their responses were not relevant. Difficulties in identifying inactive nurses were discussed previously.

Sources of Data

Questionnaires were sent to all nurses with Missouri addresses, identified as being inactive by one or more of the following means:

Listing of nurses completing re-registration cards for 1966-67

County public health nurses

News media

District Nurses' Associations

Alumnae associations of schools of nursing

Nurse coordinators from other states

Missouri Hospital Association

Local chapters of The American Red Cross

Local extension home economists

Other individuals

The questionnaire was pretested in three counties, with 15 questionnaires sent and 13 returned. Minor changes were made following this pretest including:

Deletion of request for Missouri Registration number and information about credit beyond degree;

Rephrasing registration status question;

Adding request for ages of children;

Adding "reached age of retirement" as a factor influencing decision to become inactive.

The above changes were made in relation to responses elicited on the pretest questionnaires. Questions not essential to meeting the objectives of the study were eliminated.

Data Collection and Tabulation

Questionnaires were sent to a total of 3,415 nurses between November 20, 1967 and March 18, 1968. Questionnaires were not sent from Dec. 7, 1967 to January 5, 1968 because of the Christmas holidays and an anticipated poor response at this time. The cut-off date for accepting returned questionnaires was March 28, 1968, at which time 2,222 questionnaires had been returned (65.1%). A total of 121 questionnaires were not coded or included in tabulations for one of the following reasons:

Returned, addressee unknown, insufficient address, no such street, moved left no address, etc.

Returned, addressee deceased.

Returned, addressee not a registered nurse.

Returned, no information given; name unknown.

Returned, rejected in editing process due to contradictory responses.

The questionnaires were sorted, edited, and coded by the nurse coordinator and administrative assistant. They were then sent to the Bureau of Statistical Services, Missouri Division of Health, to be punched for computer tabulation.

CHAPTER IV

RESULTS OF STUDY

Personal Characteristics of the Inactive Nurse

This study attempts to answer questions about the inactive nurse, such as: Who is she? Where does she live? How old is she? What is her marital status? Is she currently licensed? How many children does she have? What is her educational background? How long has she been inactive?

Two thousand one hundred one nurses returned questionnaires which were coded and included in tabulations: 1,156 were not employed, 84 were employed in a field other than nursing, 850 were employed in nursing, and the activity status of 11 was unknown. Throughout this report "inactive" will refer to a nurse who is not actively employed or is employed in a field other than nursing. Actively employed nurses received questionnaires only because of the limited accuracy of the "inactive" nurse listing. This was discussed previously in Chapter I (p. 4-5).

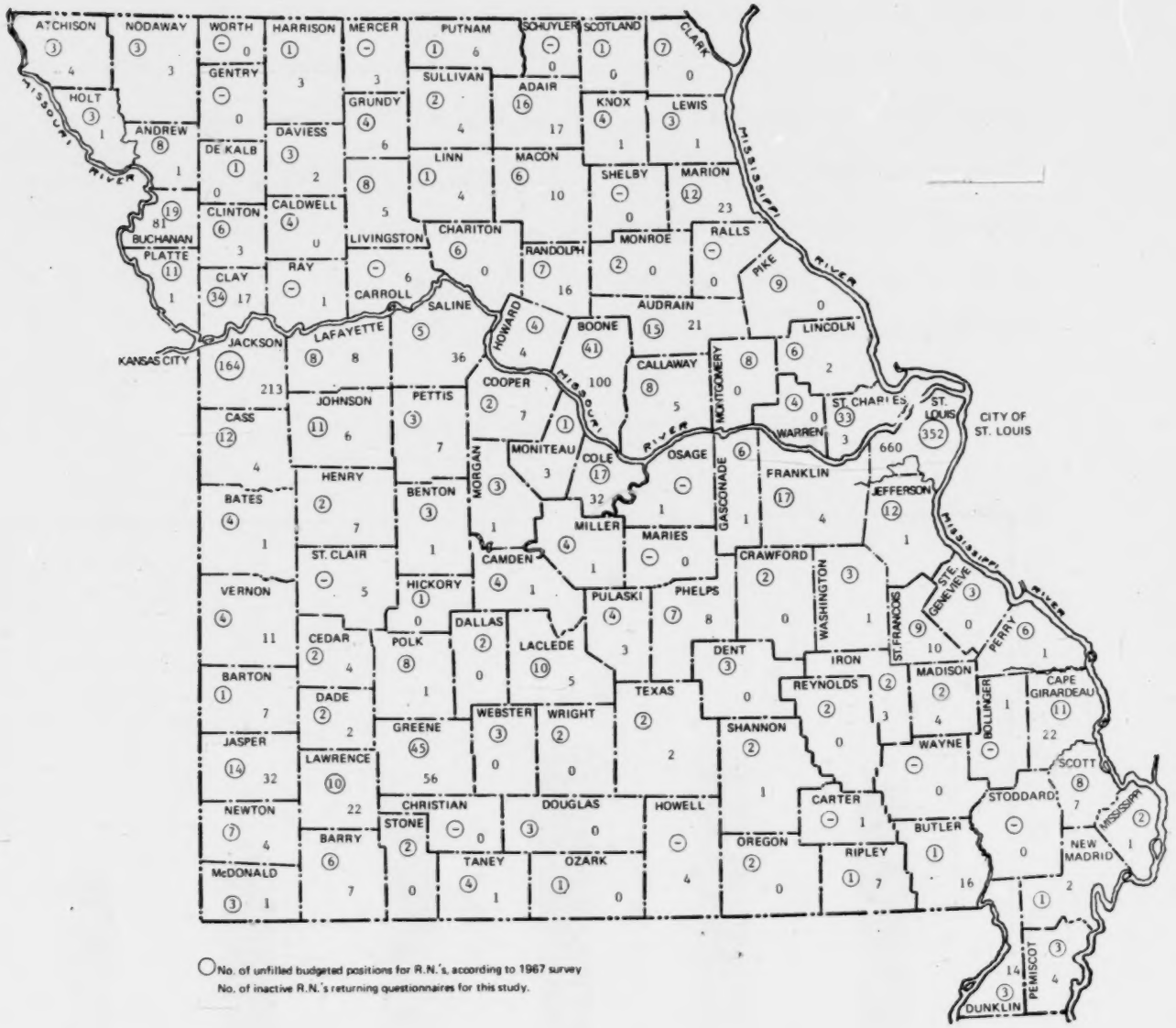
Sex

Only 4 inactive nurses (0.3%) returning questionnaires were males. These men were employed in a field other than nursing or were retired.

Geographical Location

In most instances, the number of inactive nurses returning questionnaires from a specific area was directly related to the total population of that area. The number of unfilled budgeted positions for nurses was also found to be somewhat related to the population and the number of health care facilities in a given area.[28] (This does not necessarily mean, however, that these are the areas with the most critical shortages and problems.)

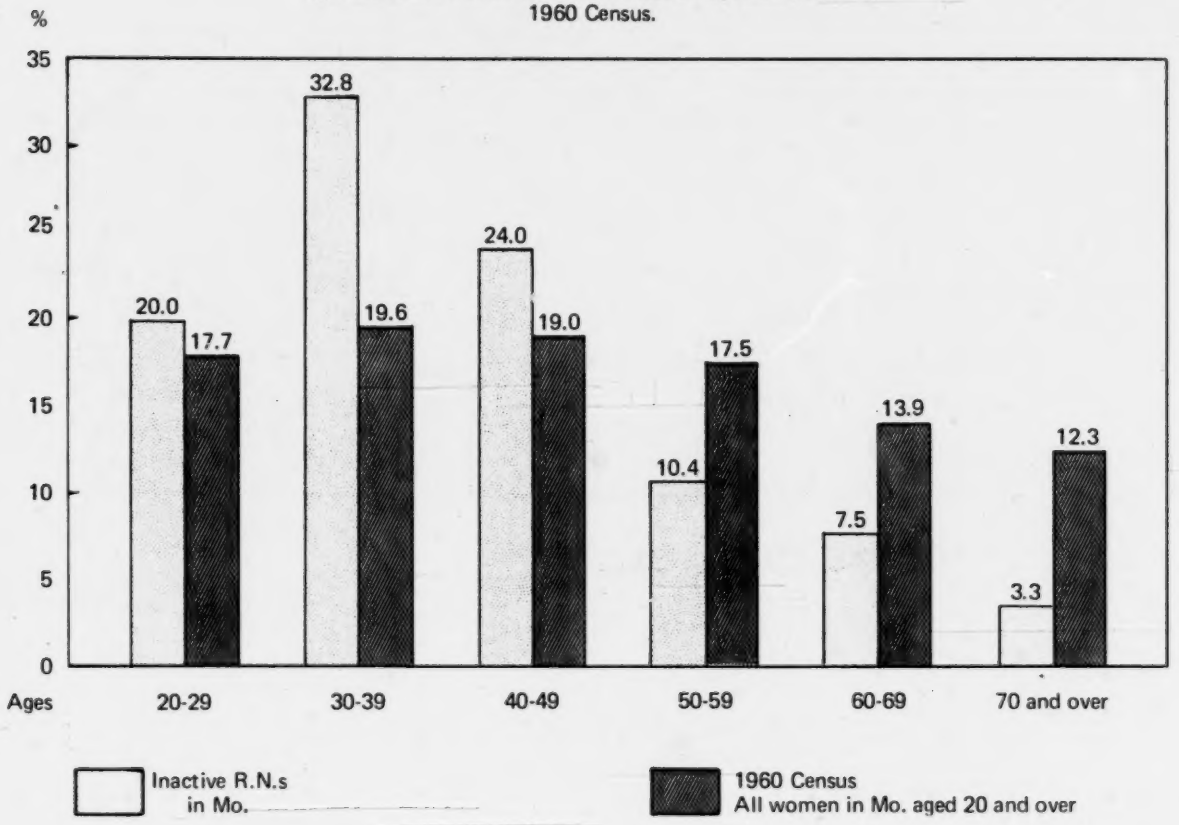
Figure 1.--Geographical location of unfilled budgeted positions and inactive R.N.'s returning questionaires



Age

Most of the inactive nurses returning questionnaires were 20-49 years of age, the ages of child-bearing and child-rearing. The significance of this return seems apparent when compared with the 1960 Missouri Census of all women aged 20 and over.[29] There is a trend toward women returning to work when their family responsibilities lessen and/or children are more self-sufficient. National figures show that between 1940 and 1966 the number of women in the labor force more than doubled in the 35-44 age group; more than tripled in the 45-54 age group; and more than quadrupled in the 55-64 age group.[30]

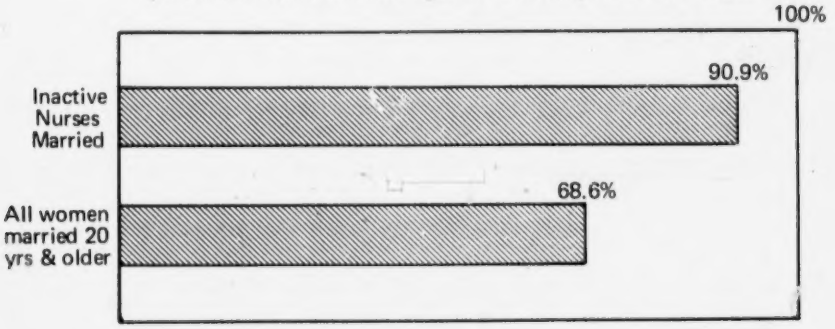
FIGURE 2. — Age distribution of inactive R.N.s compared to age distribution of all women in Missouri aged 20 and over, 1960 Census.



Marital Status

As expected, most inactive nurses in Missouri are married. There is a striking comparison between the percent of inactive nurses married and the percent of all married women 20 years and older, in Missouri.

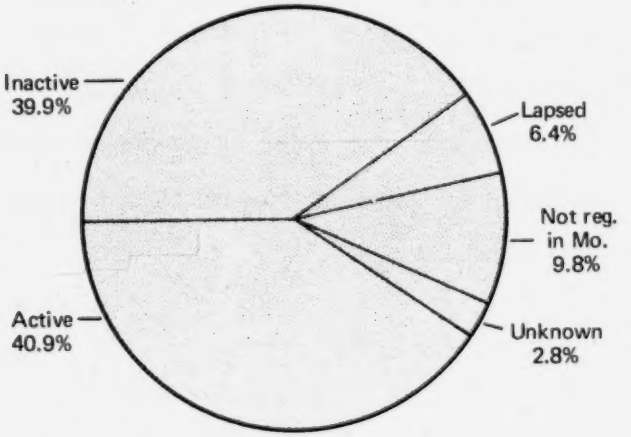
FIGURE 3.--Percent inactive nurses married compared with percent all women married aged 20 and over, 1960 Mo. Census.



Registration Status

Registration status (as indicated on annual re-registration cards) does not always correlate with actual working status. Many unemployed nurses indicate their registration status as "active." Listings of "active" nurses, therefore, may actually include nurses who are not employed in nursing. This further complicates the identification of inactive nurses.

FIGURE 4.--Registration status of inactive nurses.



Letters written to the Nurse Coordinator indicate much misunderstanding about registration and licensure. Some nurses feel that they must maintain "active" registration status although not employed. Others do not know how to apply for licensure when moving from or to another state.

Children

Almost all inactive married nurses have children: 42.7% of all inactives returning questionnaires have one or two children, 32.0% have three or four children, 7.1% have five or six children, and 2.4% have more than six children. Many of these children are under school age, as might be expected considering the age distribution of inactive nurses. It seems probable that because many inactives have recently become mothers for the first or second time, family responsibilities have assumed top priority and will continue to do so for a period of time.

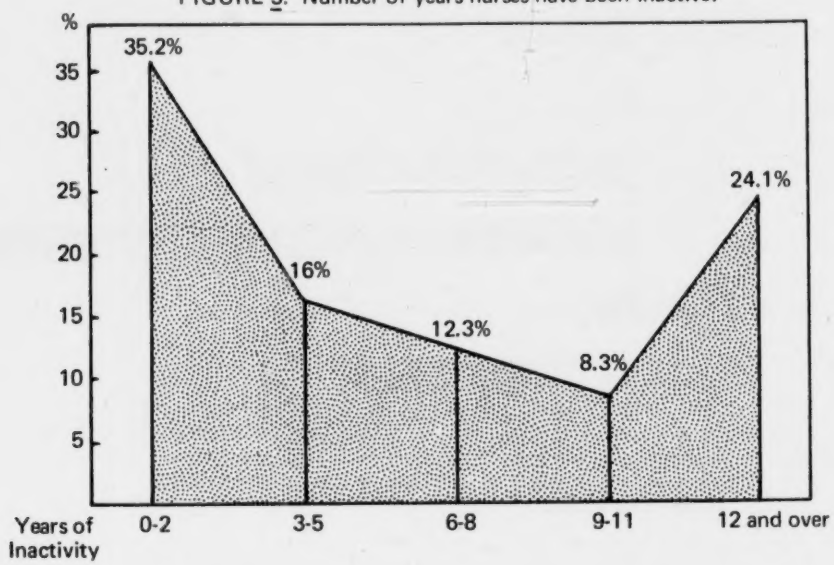
Educational Background

Inactive nurses reported the following as their highest degree: Masters - 0.8%; Baccalaureate - 15.2%; Associate Degree - 1.5%; Diploma - 79.6%. It is very difficult to interpret the significance of these figures because of the changes in nursing education over the past years, and because of the changes in percentages of students graduating from the different types of programs. Further study would have to be undertaken before an interpretation might be made.

Period of Inactivity

Over 60.0% of the nurses returning questionnaires have been inactive for less than 8 years. Almost a fourth, however, have been inactive for 12 or more years. Perhaps this has implications for the types of refresher courses or orientation programs needed for inactive nurses who might be influenced to return to work.

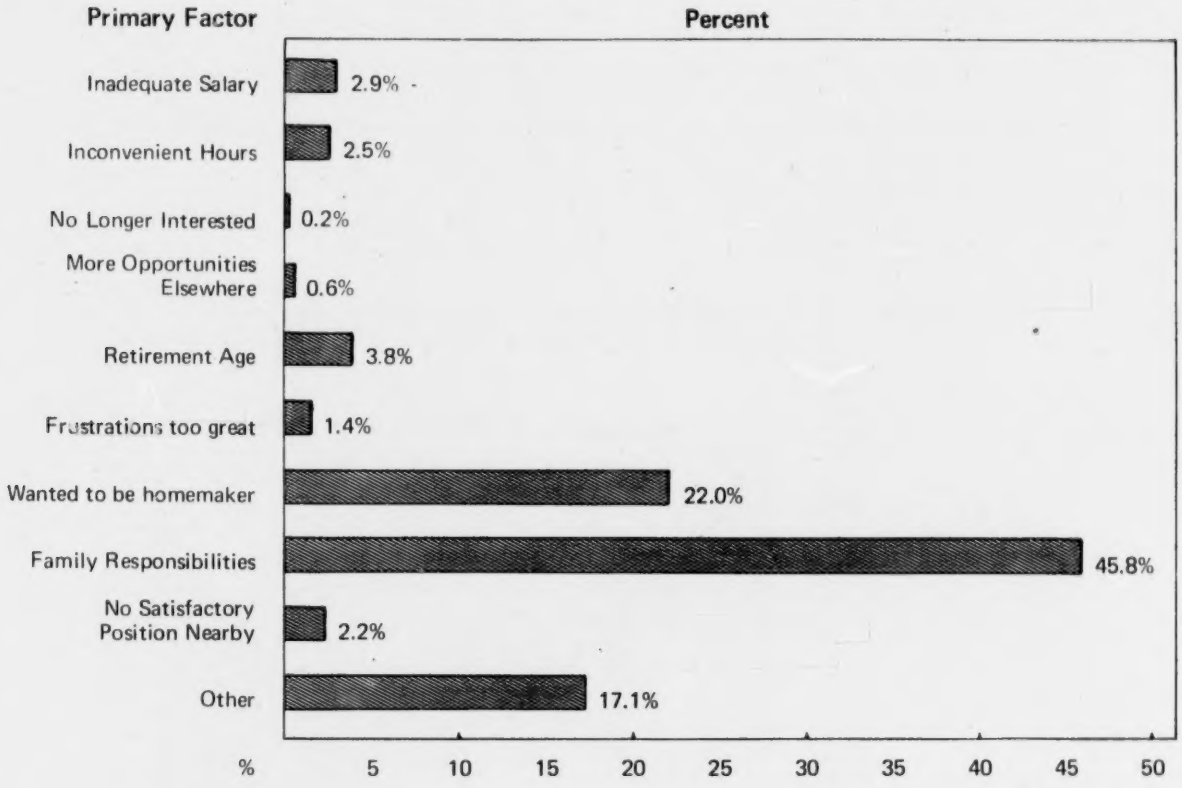
FIGURE 5. Number of years nurses have been inactive.



Why the Nurse Is Inactive

Inactive nurses give many reasons for being inactive, but primarily, nurses become wives and mothers and therefore have family responsibilities which take top priority. This is clearly shown by questionnaire responses.

Figure 6 .--Primary factor influencing nurses to become inactive.



Reasons given in the "other" category include:

Ill health

Moved

Helped husband with business

Husband wanted me home

Cared for ill member of household

Accepted another job

Age

In all age groups from 20-59 years, the primary factors influencing nurses to become inactive were "wanted to become a homemaker" and "family responsibilities." (Over 70.0% gave these as primary factors in each age group: 20-29, 30-39, 40-49, and 50-59.) In the 60-69 age group, "reached age of retirement" was also one of the primary factors (22.6%). Those nurses 70 years old and over most frequently gave "reached age of retirement" as the most important factor (56.1%).

Marital Status

Seventy-one percent of all married nurses gave "wanted to become a homemaker" or "family responsibilities" as the number one factor influencing them to become inactive. Only 5.8% of single nurses gave these as primary factors. Of single inactive nurses, 32.4% had reached retirement age and 44.3% gave "other" reasons for being inactive, such as: ill health, to continue education, and to accept other employment.

Number of Children

Number of children does not seem to be related to the primary reason influencing nurses to become inactive; however, when nurses do have children, they are more likely to terminate employment because of family responsibilities or wanting to become a homemaker (compared with those having no children).

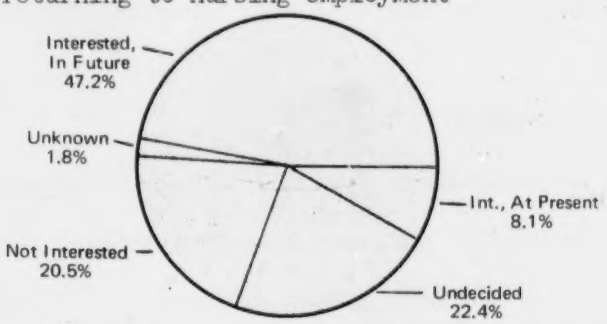
Education

There was no significant correlation between educational background and the primary factor influencing the nurse to become inactive. Another study, entitled Why Women Start and Stop Working: a Study in Mobility, also indicates that educational attainment of women does not seem to be related to the reason for terminating employment: "At each level of educational attainment the greatest proportion gave pregnancy as the reason for stopping work."[31] The report of this study, however, indicated that the age composition of the population surveyed may partially have accounted for these findings. Additional data would be needed to draw definite conclusions.

Interest in Return to Nursing

Many nurses indicated that they were interested in returning to nursing at a future date, preferably when their children were in school or were no longer at home. Those interested at present needed certain employment conditions in order to return to work.

Figure 7 .--Interest in returning to nursing employment



Many of those who indicated an interest in returning to nursing were referred to hospitals offering refresher courses. Only in a few instances did these nurses actually enroll in the course and return to employment. This would seem to indicate that many of the nurses expressing an interest in returning to nursing do not actually plan to do so.

Age

Age seems to be related to interest in returning to active nursing. Comparable percentages of nurses in the age groups 20-29, 30-39, and 40-49 indicate an interest in returning at the present. Interest in returning at a future date, however, varies inversely with age: the younger the nurse, the more likely she is to be interested in returning to nursing at a future date. For instance, a larger percent of those 20-29 years old (71.0%) indicated an interest in returning at a future date than those 30-39 years old (60.4%). A similar comparison could be made between those 30-39 years old and those 40-49 years old (40.7% interested in returning at a future date). Of those 50-59 years old, only 19.4% were interested in returning at a future date.

It is also apparent that the older a nurse is, the more often she is definitely not interested in returning to nursing. The following percentages of nurses indicated they were not interested in returning to nursing:

Age Group	Percent
20-29 years	5.6
30-39 years	9.6
40-49 years	18.5
50-59 years	35.7
60-69 years	61.3
70 +	80.5

Marital Status

Most single nurses returning questionnaires were past retirement age, employed other than nursing, or unable to work; therefore, comparatively, a much higher percent of married nurses indicated an interest in returning to nursing (59.0%). Most of these married nurses were interested in returning at a future date (50.7%).

Registration Status

In general those maintaining current registration (active or inactive) showed more interest in returning to nursing than those who reported that registration had lapsed.

Table 1.--Interest in returning to nursing compared to registration status.

Registration Status	Total %	Interested, Present or Future	Not Interested	Undecided	Unknown
Active	100.0	66.3	12.6	19.7	1.4
Inactive	100.0	51.4	24.8	22.4	1.4
Lapsed	100.0	26.3	36.2	32.5	5.0
Not Registered in Missouri	100.0	51.6	18.9	28.7	0.8

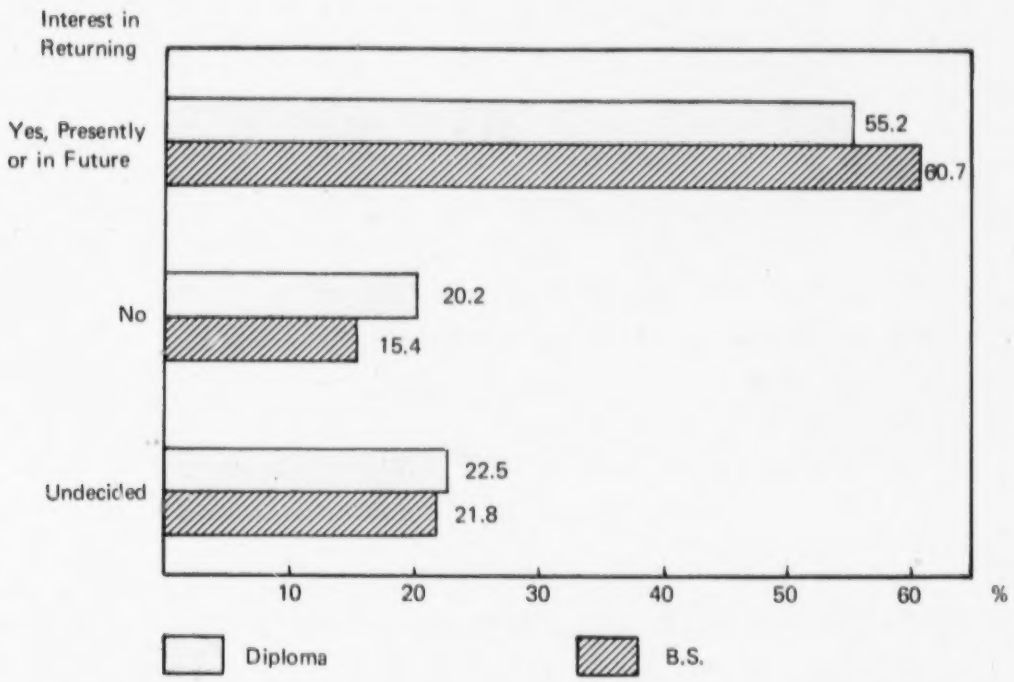
Children

The number of children does not seem to be related to the nurse's interest or lack of interest in returning to nursing. However, those with children under 5 years of age (if interested in returning to nursing) would prefer to return at a future date.

Education

The population sample of inactives with associate degrees and masters degrees was very small; therefore, only a comparison between those with a diploma and those with a baccalaureate degree is made here. Differences are not striking, however a larger percent of those with baccalaureate education indicated an interest in returning to nursing. Other data would have to be obtained and evaluated before the significance of these differences could be determined.

Figure 8.--Interest in returning to nursing compared to educational background.



National statistics about labor force participation of women in general indicate that the higher the education of a woman, the more likely she is to be employed.

Labor force participation rates of women aged 18 to 64, March, 1966:[32]

less than 8 years of schooling - 35%

high school graduate - 48%

4 year college graduate - 55%

5 years or more of college - 72%

Factors Encouraging Return to Nursing

Most nurses indicated that the primary factor influencing them to return to nursing would be convenient hours of employment. Other important factors were child care facilities, refresher courses, and employment near home.

Table 2.--Percent distribution of primary factors influencing interested inactive nurses to return to nursing.

Factors	Percent
Total	100.0
Good Salary	8.4
Convenient Hours	28.8
Child Care	14.4
Available Refresher Course	10.8
Employment near Home	10.8
Other	19.5
None, Not Interested	1.2
Unknown	6.1

Some factors specified in the "other" category include:

When children reach school age/are grown
If necessary for income
If satisfactory or interesting position
If health improves

Age

In all age categories 20-59, the primary factor mentioned most frequently as being influential in a return to active nursing was "convenient hours of employment." Those nurses 20-39 years of age also frequently mentioned "child care facilities," whereas those 40-59 years frequently mentioned the "availability of refresher courses."

Children

"Convenient hours of employment" is a primary factor for those without children as well as for those with children. As might be expected, those with children (particularly those with children under 5 years) mentioned child care facilities as a primary factor in many instances.

Factors Influencing to Become Inactive Compared to Factors Influencing Return

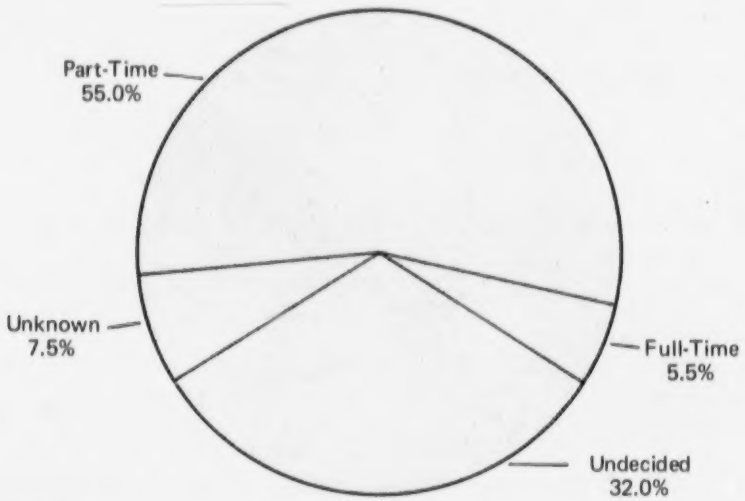
Returned questionnaires showed a definite relationship between the reason employment was terminated and what might encourage a return. For instance, when inadequate salary was mentioned as the primary factor influencing the nurse to become inactive, good salary was mentioned as the primary factor influencing a return (55.5%). Similarly related factors were:

Inconvenient hours	-	Convenient hours (74.2%)
No satisfactory position nearby	-	Convenient hours (18.5%) and employment near home (44.5%)
Family responsibilities	-	Convenient hours (25.9%) and child care (15.3%)
Wanted to be homemaker	-	Convenient hours (20.9%; other (14.7%)

Conditions of Return to Nursing

Nurses interested in returning to employment are mainly interested in part-time work. The Fairview Hospitals of Minneapolis conducted a survey of inactive nurses and reported similar findings. (Refer to page 12 of this report.)

Figure 9.--Type of employment preferred by inactive nurses who are interested in returning to work



Marital Status

Marital status does seem to influence the type of employment preferred. Married nurses are primarily interested in part-time employment or are undecided, whereas a larger percent of single nurses are interested in full-time employment. The total number of single nurses interested in returning, however, is so small (12) that the reliability of this interpretation cannot be assured.

Table 3.--Type of employment preferred by those interested in returning to active nursing, by marital status.

Type of Employment	Total %	Married %	Single %	Other %	Unknown %
Total	100.0	100.0	100.0	100.0	100.0
Full-time	5.5	5.1	25.0	10.5	7.7
Part-time	54.3	54.6	41.6	57.9	38.4
Undecided	31.8	32.0	16.7	31.6	30.8
Unknown	8.4	8.3	16.7	--	23.1

Age

In all age groups, the greatest percent of nurses indicate that they would prefer part-time employment or are undecided. Only a very small percent indicate interest in full-time employment, either now or in the future. (Percents in the various age group categories from 20-69 years range from 3.1 to 7.3%.)

Part-time Employment

In general the nurse wanting part-time employment indicated she would like to work 8 hours per day, daytime hours (mostly during school hours), 1-2 days per week, and on weekdays.

Preferred Fields

When asked to check the preferred field(s) of nursing, the following were checked most frequently (in order of number of times checked):*

1. Hospital/Institution
2. School nurse
3. Office nurse
4. Public health

*This was a multiple response question. Nurses could check more than one field.

Educational Background

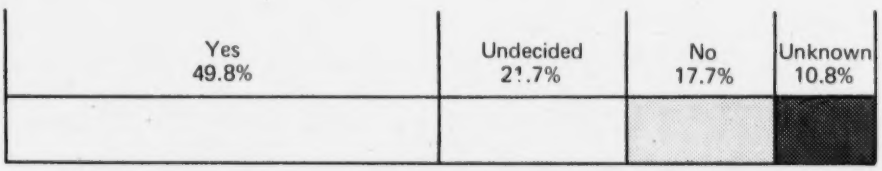
Educational background seems to be somewhat related to fields of nursing preferred. For instance, those with a diploma show the highest percent interested in hospital/institutional settings and the lowest percent (compared to A.A., B.S., and M.S.) interested in school of

nursing employment. A larger percent of those with associate and baccalaureate degrees are interested in public health, school nursing, and industrial nursing (compared to those with a diploma.) Those with masters degrees showed 38.4% interested in employment in schools of nursing; 15.4% interested in public health and 23.1% interested in hospital/institution nursing.

Refresher Course

Those who said they were interested in returning to nursing (or were undecided) were asked, "Would you wish to take a refresher course before returning to employment?" Very few said they did not want a refresher course and these were mainly nurses who had worked recently.

Figure 10.--Inactive nurses interested in a refresher course (those nurses interested in returning to work, or undecided).



Additional Comments from Inactive Nurses

Many inactive nurses have strong feelings--some positive and some negative--about nursing today. Comments and letters were returned with many questionnaires.

These comments were somewhat arbitrarily divided into the following categories: frustrations in nursing, hospital administration, changes in nursing and nursing education, salary, child care arrangements and hours.

Other comments were made in relation to employment in nursing; however, only the above will be discussed since these categories of comments were most frequently mentioned.

Frustrations

Some inactive nurses feel that the frustrations in nursing are too great, particularly in the hospital setting:

> "I most definitely will not work in a hospital again, unless I absolutely must: too much responsibility; too little help for the responsibility of other people's lives and health."

> "I like to take care of people, not spend the day transcribing Drs.' orders, etc. It is too frustrating being shifted from floor to floor when working part-time."

> "It appears to me that we too often do not fully utilize the capability of those employed. Suggestions for improved nursing care and service are ignored."

Some nurses have tried part-time employment and have been induced to take full-time positions they did not want or were not qualified to take. Others are afraid of this.

> "I know that if I would return part-time with the shortage of nursing personnel and my appreciation for my profession, I'd end up working full-time and this I feel would leave me very little time with my children."

Administration

One nurse writes that there is a need for "greater respect for nursing by hospital administrators."

Another writes: "I feel the shortage of nurses is not nearly so bad as the public is led to believe. The hospitals hire as few R.N.'s as they feel they can possibly get by with so as to benefit themselves."

Changes in Nursing and Nursing Education

One nurse who just returned to nursing writes: "I find the nursing picture very different from 20 years ago. Nurses are tied too much to the desk--charting routinely and checking orders taken from order sheets by ward secretary. Knowing who can do what, who needs more supervision and at times just what is expected of such help does worry one."

Another nurse who has not returned says, "It is getting to be a cold and scientific affair and the ideals which first drew me into the profession seem to have changed."

Others seem confused about changes in nursing education:

"After reading the American Journal of Nursing lately, I am wondering if older diploma graduates are wanted."

"For those of us who have diploma education there is a tendency to make us feel like second class nurses."

Another writes that when consulting colleges within the state about continuing her education in nursing, she was advised to start as a freshman in another field if she wanted a B.S.

Salary

Although questionnaire returns did not indicate that salary was the major factor influencing inactivity vs. activity (on closed-form questions), many nurses commented about salaries.

"You'll need a raise in small town hospital salaries before you'll get an increase in nurses--too much work and responsibility and no pay."

"Salaries are so low I find it hard to obtain care for my children and still make 'living' wages." (Nurse had terminated employment several months ago.)

One nurse writes that if the salaries were better she would consider working now although she has 3 pre-schoolers. Salary in nearest hospital is $2.25 per hour.

Another nurse who is working part-time now writes, "Considerable improvement in salary and more convenient working hours would tempt me to consider full-time employment."

Others:

"I feel that nurses have long been exploited and underpaid, especially in a hospital situation."

"The biggest reason for the shortage of nurses is the wages."

Hours of Employment - Child Care Problems

The following are sample comments:

"I have found people most non-understanding of the married nurse who wishes to work because she likes nursing . . . I honestly believe that if the hospital would furnish a child care center they would find more R.N.'s returning to work."

"Most of us with small children find nursing employment very frustrating due to inability to find someone to care for your children at 6 A.M. in the morning."

"Main reason for not working is lack of adequate child care arrangements."

"It is totally unfair to expect children to adjust to an erratic schedule of the 3 shifts available in the hospitals."

One nurse who is employed other than in nursing writes: "If the hospitals need nurses as much as they say, I think perhaps it's time for a complete re-vamping of the hospital routine to make more acceptable hours. Day care for children would be another important factor to consider."

Comments from New Returnees

A nurse who returned one day a week after 17 years of being inactive wrote: "I squeeze in one day a week just to keep up. It was very hard to get the courage to go back . . ."

A nurse who returned part-time: "This part-time work is most enjoyable and I plan to add a day or two as my children become old enough to drive their own car pools."

Others:

"I wish I could have attended a good refresher course. I had been out of nursing 16 years."

"Some sort of refresher course on the new drugs and all the new disposable equipment would have been helpful."

One nurse who completed a refresher course writes: "I would never

have returned to nursing if this had not been available. A refresher course gives one the self-confidence badly needed after being away from nursing for such a long time."

CHAPTER V

SUMMARY AND CONCLUSIONS

This study was undertaken to determine the potential of inactive nurses in alleviating the nursing shortage. Specific questions to be answered were:

What are the personal characteristics of the inactive nurse?

What factors influenced her decision to become inactive?

How long has she been inactive?

Is she interested in returning to nursing practice now or at a future date?

What factors might encourage her to return?

What kind of employment does she prefer?

Would she like to take a refresher course before returning to employment?

Questionnaires were sent to all nurses identified as being inactive in Missouri. It is recognized that certain factors limited the accuracy of the listing of inactive nurses; however, codable questionnaires were received from 1,240 inactive nurses.

Computer tabulation was completed through the Bureau of Statistical Services, Missouri Division of Health.

In summary the following might be concluded about inactive nurses in Missouri:

The distribution of inactive nurses is related to the concentration of population within the state. Most of these nurses are married women with family responsibilities, between ages 20 and 49 years. Educational background does not seem to be related to activity status. The majority of nurses have been inactive less than 8 years although almost a fourth have been inactive 12 or more years.

The primary reasons for becoming inactive are the desire to become a homemaker and family responsibilities. These are directly related to marital status and becoming a mother.

More than 55% of the inactive nurses are interested in returning to nursing; however, most of these want to return at a future date. In general, those who are interested in returning maintain current registration. Their future return to nursing is related to children being in school or old enough to take care of themselves.

The most important factors (listed most frequently as No. 1) influencing a return to nursing are convenient hours and child care facilities. Salary is mentioned frequently as a secondary factor; comments about salaries for nurses were added to many questionnaires, particularly those returned from smaller communities.

Nurses who are interested in returning to work want part-time employment. Many want hours to coincide with children's school hours.

Most nurses prefer hospital nursing although being a school nurse or office nurse is also appealing. Hours of the latter two fields are perhaps more desirable for the inactive. Those with degrees beyond the diploma were more frequently interested in fields of nursing including school of nursing and public health.

Many inactive nurses said they would want to take a refresher course if returning to employment in nursing. This was particularly true of those who had been inactive for a long period of time.

This study indicates that--to a limited extent--inactive nurses will provide assistance to alleviate the nursing shortage; however, this source of supply must not be over-estimated. Inactive nurses are not the answer to the nursing shortage but only one of a number of answers.

To utilize the inactives to their fullest potential this study indicates that incentives important to these nurses will have to be considered. Recommendations of possible action to be taken to assist in recruitment include:

Review of personnel policies

Revision of salary schedules

Promotion of refresher courses

Investigation of possible child care arrangements

The inactive nurse has set priorities for herself and her family. It is not imperative that she work according to these priorities. If this nurse is needed in her profession, she must be convinced of this--not only with words but with action.

APPENDIX A

COVER LETTER AND QUESTIONNAIRE SENT TO ALL NURSES IDENTIFIED AS INACTIVE IN MISSOURI

SUMMARY OF RETURNS

3,415 questionnaires sent
2,222 questionnaires returned (65.1%)

2,101 questionnaires used in tabulations
1,156 unemployed
84 employed, other than nursing
850 employed in nursing
11 employment status unknown

MISSOURI DIVISION OF HEALTH
PROFESSIONAL SURVEY
8011 CLAYTON ROAD – ROOM 208
CLAYTON, MISSOURI 63117
PA 7-9727

There is an ever increasing demand for nursing service in the United States today, along with a severe shortage of personnel to fill these demands. Missouri is below the national average in the ratio of professional nurses per 100,000 population. As a professional, I am sure that you realize the significance of this statement and the necessity to try to relieve the nursing shortage.

The Missouri Division of Health has received funds from the U. S. Public Health Service to locate and recruit inactive health professionals. One of the objectives of this project is to determine some of the reasons for the inactive status of the professional. To learn some of these reasons, we need your assistance. Information is needed on all inactive nurses, whether or not they are interested in future employment.

All information obtained will be treated as confidential. Those who indicate an interest in refresher courses or employment will be referred for further information. If a nurse indicates plans to remain inactive, this will be noted and the information given used only for statistical purposes.

A stamped self-addressed envelope is enclosed for your convenience. Your assistance in completing the enclosed form is appreciated.

If any questions asked do not seem clear or are difficult to answer, please indicate this.

Thank you for your time and valuable assistance.

Sincerely,

Sandra M. Burke

(Mrs.) Sandra M. Burke, R.N.
Nurse Coordinator

SMB:ebl

enc.

INACTIVE R.N. QUESTIONNAIRE

Name _____ (LAST) (FIRST) (MIDDLE) ☐ Female ☐ Male Date _____

Address _____ (STREET) (CITY) (STATE) (ZIP CODE) County _____

Birth date _____ (MONTH-DAY-YEAR) Marital Status _____ Phone _____

1. Present nursing registration status in Missouri. ☐ Active ☐ Inactive ☐ Lapsed
   ☐ Never registered in Missouri. Last state of registration _____
2. Number of children: Aged 5 and under _____ 6-11 years _____ 12-17 years _____ 18 and over _____
3. Educational Background – check highest level obtained:
   ☐ Diploma ☐ Associate Degree ☐ Baccalaureate ☐ Masters
4. Year basic nursing education completed: _____ Where: _____
5. Present status:
   ☐ Not employed ☐ Employed, other than nursing ☐ Employed in nursing

If presently employed in nursing, it is not necessary to complete the remainder of the questionnaire. If not employed or employed in field other than nursing, please answer the following:

6. Date you ended last employment in nursing _____ (MONTH-YEAR) Position _____
7. What factors influenced your decision to become inactive in nursing: (Number factors in order of importance, with number 1 as the main reason for ending employment in nursing.)

   _____ Inadequate salary
   _____ Inconvenient hours of employment
   _____ No longer interested in nursing
   _____ More opportunities in other employment
   _____ Reached age of retirement
   _____ Frustrations too great in nursing
   _____ Wanted to become a homemaker
   _____ Family responsibilities
   _____ No satisfactory position available within commuting distance
   _____ Other, specify _____

8. Are you interested in returning to active nursing?
   ☐ Yes, at the present time ☐ Yes, at a future date ☐ No ☐ Undecided
9. What factors might influence you to return to active nursing: (Number in order of importance with number 1 as the most influential factor.)

   _____ Good Salary
   _____ Convenient hours of employment
   _____ Child care facilities
   _____ None of the above; not interested in employment
   _____ Availability of refresher courses
   _____ Employment opportunity near home
   _____ Other, specify _____

10. If interested in returning to active nursing, please answer the following:
    a. Employment preferred:
       ☐ Full-time ☐ Part-time ☐ Undecided
       Hours/day _____ Preferred hours _____
       Days/week _____ Preferred days _____
    b. In what field of nursing would you prefer to work:
       ☐ Hospital/Institution ☐ Public Health ☐ Industrial Nurse
       ☐ School of Nursing ☐ School Nurse ☐ Other, specify _____
       ☐ Private Duty ☐ Office Nurse
    c. Would you wish to take a refresher course before returning to employment?
       ☐ Yes ☐ No ☐ Undecided

APPENDIX B

TABLES OF INFORMATION
(All percentages rounded to nearest tenth; therefore, sums do not always equal 100.0%.)

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21. Inactive nurses who would want a refresher course before returning to employment 57

22. Inactive nurses, date ending employment in nursing by who wish to take a refresher course. 57

TABLE 1 - AGE DISTRIBUTION OF INACTIVE NURSES

Age	N	%
Total	1240	100.0
20-29 years	248	20.0
30-39 years	407	32.8
40-49 years	297	24.0
50-59 years	129	10.4
60-69 years	93	7.5
70 years +	41	3.3
Unknown	25	2.0

TABLE 2 - SEX OF INACTIVE NURSES

Sex	N	%
Total	1240	100.0
Female	1235	99.6
Male	4	0.3
No Answer	1	0.1

TABLE 3 - MARITAL STATUS OF INACTIVE NURSES

Marital Status	N	%
Total	1240	100.0
Single	34	2.7
Married*	1127	90.9
Other	48	3.9
Unknown	31	2.5

*Includes those separated from spouse but still married.

TABLE 4 - REGISTRATION STATUS OF INACTIVE* NURSES

Status	N	%
Total	1240	100.0
Active	508	41.0
Inactive	495	39.9
Lapsed	80	6.5
Not Registered in Missouri	122	9.8
Unknown	35	2.8

*Not presently employed in nursing.

TABLE 5 - NUMBER OF CHILDREN OF INACTIVE NURSES

Total Children of Each Nurse	Number of Nurses	
	N	%
Total	1240	100.0
0	110	8.9
1	197	15.9
2	334	26.8
3	260	21.0
4	136	11.0
5	66	5.3
6	22	1.8
Over 6	30	2.4
Unknown	85	6.9

TABLE 6 - EDUCATIONAL BACKGROUND OF INACTIVE NURSES

Education*	N	%
Total	1240	100.0
Diploma	988	79.6
Associate Degree	18	1.5
Baccalaureate	188	15.2
Masters	10	0.8
Unknown	36	2.9

*Highest degree obtained.

TABLE 7 - INACTIVE NURSES' POSITIONS IN LAST NURSING EMPLOYMENT

Positions	N	%
Total	1240	100.0
Staff Nurse/General Duty	590	47.9
Head Nurse/Supervisor	174	14.0
Administrative	15	1.2
Nursing Education	55	4.4
Public Health	45	3.6
School Nurse	39	3.1
Office Nurse	82	6.6
Industrial Nurse	34	2.7
Private Duty	75	6.0
Miscellaneous	76	6.1
Unknown	55	4.4

TABLE 8 - INACTIVE NURSES, DATE ENDING EMPLOYMENT IN NURSING

Years Ago	Year Ending Employment	N	%
	Total	1240	100.0
(0-2)	1965-1967	435	35.2
(3-5)	1962-1964	199	16.0
(6-8)	1959-1961	153	12.3
(9-11)	1956-1958	103	8.3
(12+)	1955 or earlier	299	24.1
	Unknown	51	4.1

TABLE 9 - NUMBER ONE FACTOR INFLUENCING NURSES TO BECOME INACTIVE

Factors	Nurses N	Nurses %
Total	1240	100.0
Inadequate Salary	36	2.9
Inconvenient Hours of Employment	31	2.5
No Longer Interested in Nursing	2	0.2
More Opportunities in Other Employment	8	0.6
Reached Age of Retirement	47	3.8
Frustrations Too Great in Nursing	17	1.4
Wanted to Become a Homemaker	273	22.0
Family Responsibilities	568	45.8
No Satisfactory Position Available within Commuting Distance	27	2.2
Other*	212	17.1
Unknown	19	1.5

*Factors specified in "Other" category included:
Ill health
Moved
Helping husband in business
To continue education
Husband wanted me home

TABLE 10 - PRIMARY FACTOR INFLUENCING NURSES TO BECOME INACTIVE IN NURSING BY MARITAL STATUS (Percent distribution)

Primary Influencing Factor	Total %	Marital Status: Married %	Single %	Other %	Unknown %
Total	100.0	100.0	100.0	100.0	100.0
Inadequate Salary	2.9	2.9	2.9	4.2	--
Incon. Hrs. of Employment	2.5	2.6	--	--	6.5
No Longer Interested	0.2	0.2	--	--	--
More Oppor. Elsewhere	0.6	0.4	2.9	2.1	3.2
Frustrations Too Great	1.4	1.4	2.9	--	--
Wanted to Be Homemaker	22.0	23.2	2.9	12.5	12.9
Family Responsibilities	45.8	48.8	2.9	20.8	25.9
No Satisfactory Position	2.2	2.1	5.9	--	3.2
Reached Retirement Age	3.8	1.3	32.4	33.3	16.1
Other	17.1	16.1	44.3	22.9	16.1
Unknown	1.5	1.0	2.9	4.2	16.1

TABLE 11 - INACTIVE NURSES' INTEREST IN RETURNING TO ACTIVE NURSING

Interested	N	%
Total	1240	100.0
Yes, at Present	101	8.1
Yes, in Future	584	47.1
No	254	20.5
Undecided	278	22.4
Unknown	23	1.9

TABLE 12 - INACTIVE NURSES' INTEREST IN RETURNING TO ACTIVE NURSING BY AGE (Percent distribution)

		Age						
Interested	Total %	20-29 %	30-39 %	40-40 %	50-59 %	60-69 %	70+ %	Unknown %
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Yes, at Present	8.1	9.7	8.1	9.8	6.2	3.2	2.4	12.0
Yes, in Future	47.1	71.0	60.4	40.7	19.4	8.6	4.9	24.0
No	20.5	5.6	9.6	18.5	35.7	61.3	80.5	40.0
Undecided	22.4	13.7	20.6	29.0	37.2	22.6	7.3	8.0
Unknown	1.9	--	1.2	2.0	1.6	4.3	4.9	16.0

TABLE 13 - INACTIVE NURSES' INTEREST IN RETURNING TO ACTIVE NURSING BY MARITAL STATUS (Percent distribution)

		Marital Status			
Interested	Total %	Married %	Single %	Other %	Unknown %
Total	100.0	100.0	100.0	100.0	100.0
Yes, at Present	8.1	8.3	5.9	6.3	6.5
Yes, in Future	47.1	50.7	11.8	8.3	16.1
No	20.5	16.9	58.8	56.3	51.6
Undecided	22.4	22.5	17.6	25.0	19.4
Unknown	1.9	1.6	5.9	4.2	6.5

TABLE 14 - INACTIVE NURSES INTEREST IN RETURNING TO ACTIVE NURSING BY EDUCATIONAL BACKGROUND (Percent distribution)

	Educational Background					
Interested	Total %	Diploma %	A.A. %	B.S. %	M.S. %	Unknown %
Total	100.0	100.0	100.0	100.0	100.0	100.0
Yes, at Present	8.1	8.6	11.1	5.9	20.0	2.8
Yes, in Future	47.1	47.2	38.9	54.8	30.0	13.9
No	20.5	20.2	16.7	15.4	20.0	55.5
Undecided	22.4	22.5	33.3	21.8	30.0	16.7
Unknown	1.9	1.5	--	2.1	--	11.1

TABLE 15 - INACTIVE NURSES INTEREST IN RETURNING TO ACTIVE NURSING BY REGISTRATION STATUS (Percent distribution)

	Registration Status					
Interested	Total %	Active %	Inactive %	Lapsed %	Not Reg. in Mo. %	Unknown %
Total	100.0	100.0	100.0	100.0	100.0	100.0
Yes, at Present	8.1	12.4	5.7	2.5	4.1	8.6
Yes, in Future	47.1	53.9	45.7	23.8	47.5	20.0
No	20.5	12.6	24.8	36.2	18.9	42.9
Undecided	22.4	19.7	22.4	32.5	28.7	17.1
Unknown	1.9	1.4	1.4	5.0	0.8	11.4

TABLE 16 - PRIMARY FACTOR INFLUENCING INACTIVE NURSES TO RETURN TO ACTIVE NURSING*

Factor	N	%
Total	963	100.0
Good Salary	81	8.4
Convenient Hours	276	28.8
Child Care	139	14.4
Available Refresher Course	104	10.8
Employment Near Home	104	10.8
Other[1]	188	19.5
None, Not Interested	12	1.2
Unknown	59	6.1

*Only answered by those nurses interested in returning to nursing or undecided.

[1]Factors specified in "other" category included:
When children reach school age/are older
If added income becomes necessary
If there is an opportunity for a satisfactory or interesting position
Better staffed hospitals
Transportation

TABLE 17 - PRIMARY FACTOR INFLUENCING INACTIVE NURSES TO RETURN TO ACTIVE NURSING BY AGE

		Primary Influencing Factor							
Age	Total %	Good Salary %	Conven. Hrs. of Emplmt. %	Child Care Faclts. %	Avail. Refr. Course %	Empl. Oppor. Near Home %	Other %	Not Inter-ested %	Unknown %
Total	100.0	6.7	22.5	11.3	8.5	8.5	15.3	1.0	26.2
20-29	100.0	8.9	23.4	26.2	3.6	9.7	17.3	0.8	10.1
30-39	100.0	7.4	28.4	15.0	7.4	8.1	17.0	1.2	15.5
40-49	100.0	7.4	24.6	3.4	13.5	10.8	17.2	1.0	22.2
50-59	100.0	2.3	17.8	0.8	14.7	3.9	14.7	1.6	44.2
60-69	100.0	3.2	5.4	--	5.4	8.6	7.5	--	69.9
70+	100.0	--	2.4	--	2.4	4.9	--	--	90.3
Unknown	100.0	12.0	12.0	12.0	4.0	4.0	4.0	--	52.0

TABLE 18 - TYPE OF EMPLOYMENT PREFERRED BY INACTIVE NURSES

Employment Preferred	N	%
Total	963	100.0
Full-time	53	5.5
Part-time	530	55.0
Undecided	308	32.0
Unknown	72	7.5

TABLE 19 - PREFERRED FIELDS OF NURSING MENTIONED BY INACTIVE NURSES

Preferred Fields	N	%
Total	1495	100.0
Hospital/Institution	577	38.6
School of Nursing	78	5.2
Private Duty	38	2.5
Public Health	112	7.5
School Nurse	203	13.6
Office Nurse	194	13.0
Industrial Nurse	72	4.8
Other	39	2.6
Unknown	182	12.2

TABLE 20 - INACTIVE NURSES, PREFERRED FIELDS OF NURSING BY EDUCATIONAL BACKGROUND

	Educational Background					
Preferred Fields	Total %	Diploma %	A.A. %	B.S. %	M.S. %	Unknown %
Total	100.0	100.0	100.0	100.0	100.0	100.0
Hospital/Institution	38.6	41.0	23.2	31.4	27.3	18.2
School of Nursing	5.2	3.0	3.8	15.0	45.4	--
Private Duty	2.5	2.7	7.7	1.7	--	--
Public Health	7.5	6.5	15.4	10.4	18.2	13.6
School Nurse	13.6	13.5	15.4	13.3	--	22.8
Office Nurse	13.0	14.3	7.7	7.9	--	9.1
Industrial Nurse	4.8	5.0	3.8	3.3	--	13.6
Other	2.6	2.5	3.8	3.3	--	--
Unknown	12.2	11.5	19.2	13.7	9.1	22.7

TABLE 21 - INACTIVE NURSES WHO WOULD WANT A REFRESHER COURSE BEFORE RETURNING TO EMPLOYMENT

Wish to Take Refresher Course	N	%
Total	963	100.0
Yes	480	49.8
No	170	17.7
Undecided	209	21.7
Unknown	104	10.8

TABLE 22 - INACTIVE NURSES, DATE ENDING EMPLOYMENT IN NURSING BY WHO WISH TO TAKE A REFRESHER COURSE

	Refresher Course Desired				
Year Ending Employment	Total %	Yes %	No %	Undecided %	Unknown %
Total	100.0	100.0	100.0	100.0	100.0
1965-67	41.1	26.5	80.3	44.7	37.6
1962-64	16.7	15.2	9.5	22.8	22.8
1959-61	12.4	17.5	1.8	8.7	13.2
1956-58	8.8	12.0	2.4	5.3	11.4
1955 & Earlier	19.5	27.7	4.2	17.0	13.2
Unknown	1.5	1.3	1.8	1.5	1.8

FOOTNOTES

[1]U. S. Surgeon General's Consultant Group on Nursing, Toward Quality in Nursing, Needs and Goals, Public Health Service Publication 992 (February, 1963), p. xiii.

[2]Ibid., p. 31.

[3]Signe S. Cooper, "Activating the Inactive Nurse: a Historical Review," Nursing Outlook (October, 1967), pp. 62-65.

[4]American Nurses' Association, Nursing Information Bureau, Facts about Nursing, a Statistical Summary, 1967 Edition (New York: American Nurses' Association), pp. 7-8.

[5]U. S. Public Health Service, Manpower Resources in Hospitals - 1966 (Chicago: American Hospital Association, 1967), /G297, 12 M/6-67 290927, p. 39.

[6]Missouri Division of Health, Unpublished report of survey from: 165 Hospitals, 196 Nursing Homes, 84 Public Health Agencies, and 48 Schools of Nursing, 1967.

[7]Surgeon General's Consultant Group on Nursing, Toward Quality. . ., pp. 55-57.

[8]National Commission on Community Health Services, Task Force on Health Manpower, Health Manpower, Action to Meet Community Needs (Washington: Public Affairs Press, 1967), p. 8.

[9]Roul Tunley, "Why We Need More Nurses - Now." Redbook Magazine, Vol. 129 (July, 1967), pp. 68-69, 108-111.

[10]Murray Melbin and Doris L. Taub, "The High Cost of Replacing a Nurse," Hospitals, Vol. 40 (October 16, 1966), pp. 112, 114, 117-118, 120, 122.

[11]Surgeon General's Consultant Group on Nursing, Toward Quality. . ., p. 47.

[12]L. B. Hough, "What Are the Reasons for Nursing Service Turnover," Hospital Management, Vol. 79 (January, 1955), pp. 43-46, 106.

[13]AMA Committee on Nursing, "285,000 Inactive Registered Nurses Could Turn the Tide," The Journal of the American Medical Association, Vol. 200 (May 29, 1967), p. 779.

[14]Alma Woolley, "Inactivitis," American Journal of Nursing, Vol. 66 (December, 1966), pp. 2661-3.

[15]American Nurses' Association, Facts about Nursing, pp. 7-8.

[16]President's Commission on the Status of Women, American Women ed. by Margaret Mead and Francis B. Kaplan (New York: Scribner, 1965), p. 16.

[17]Ibid., p. 89.

[18]U. S. Department of Labor, Manpower Report of the President and a Report on Manpower Requirements, Resources, Utilization, and Training (Washington: U. S. Government Printing Office, March, 1964), p. 245.

[19]Grant Venn, Man, Education and Work, Postsecondary Vocational and Technical Education (Washington: American Council on Education, 1964), p. 26.

[20]National Commission on Community Health Services, Health Manpower. . ., p. 103.

[21]President's Commission on the Status of Women, American Women, p. 108.

[22]C. N. Platou and W. D. Pederson, "Can More Part-time Nurses Be Recruited?" Hospitals, Vol. 41 (May 16, 1967), pp. 77-78, 82.

[23]Grace M. Ricks, "Why Don't Nurses Work?" Virginia Nurse Quarterly, Vol. 35 (Spring, 1967), pp. 41, 43, 45-47, 51.

[24]Dorothy E. Reese, D. Ann Sparmacher, and Arthur Testoff, "How Many Caps Went on Again," Nursing Outlook, Vol. 10 (August, 1962), pp. 517-519.

[25]Melody J. Marshall and John G. Bruhn, "Refresher Courses and the Reactivation of Nurses," Nursing Outlook, Vol. 15 (January, 1967), pp. 59-61.

[26]Minerva A. Mayberry, "Are Nurse Refresher Programs Worthwhile?" Hospitals, Vol. 41 (June 1, 1967), pp. 95-96, 98-100.

[27]AMA Committee on Nursing, The Journal of the American Medical Association, Vol. 200, p. 779.

[28]The number of unfilled budgeted positions for registered nurses was determined geographically by a previous study coordinated by the Missouri Division of Health. Refer to footnote 6.

[29]U. S. Department of Labor, 1960 U. S. Census of Population. Detailed Characteristics, Missouri, PC(1)--27D (1962), p. 431.

[30]U. S. Department of Labor, Women's Bureau, Exploding the Myths, A Report of a Conference on Expanding Employment Opportunities for Career Women (Washington: U. S. Government Printing Office, 1967), p. 3.

[31]Carl Rosenfeld and Vera C. Perrella, "Why Women Start and Stop Working: A Study in Mobility," Monthly Labor Review, (Sept., 1965), p. 1080.

[32]U. S. Department of Labor, Women's Bureau, Exploding the Myths, . . ., p. 3.

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